



City of Buckeye Recreation Division Youth Scholarship Application

PARENT OR GUARDIAN NAME:			RELATIONSHIP TO CHILD	
HOME ADDRESS				
STATE	ZIP	HOME PHONE NUMBER	CELL PHONE NUMBER	
FAMILY'S MONTHLY GROSS INCOME		NUMBER OF ADULTS IN HOUSEHOLD	NUMBER OF YOUTH IN HOUSEHOLD	
Have you used this program in the past? YES NO				
Type of Documentation Required to be Attached: <div style="display: flex; justify-content: space-between; padding: 5px;"> Tax Statement from most recent calendar year Two (2) of your most recent paychecks Proof of Residency </div>				
CHILD #1 NAME		CHILD #2 NAME		
DATE OF BIRTH	MALE / FEMALE <i>(CIRCLE ONE)</i>		DATE OF BIRTH	MALE / FEMALE <i>(CIRCLE ONE)</i>
CHILD #3 NAME		CHILD #4 NAME		
DATE OF BIRTH	MALE / FEMALE <i>(CIRCLE ONE)</i>		DATE OF BIRTH	MALE / FEMALE <i>(CIRCLE ONE)</i>

I/we hereby release and forever discharge the City of Buckeye, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants and employees, and any and all other persons, firms or corporations who are or might be liable from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Buckeye recreation program. The waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of the recreation program. In that regard, I/we consent to indemnity, defend and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorney's fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. I/we give permission for my child to be video taped or photographed by the City of Buckeye employees to be used at the site for activities and for any program advertisements for the City of Buckeye. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City of Buckeye, its officers, employees, or agents.

Parent Signature: _____ Date: _____

OFFICE USE:

Total Amount of Requested Scholarship: \$ _____ Amount Granted By Department \$ _____

Approved By: _____ Date Approved: _____ Calendar Year: _____

Fee Structure:

Pays \$3.00/activity
Pays 60% of activity Fee

Pays 20% of Activity Fee
Pays 80% of Activity Fee

Pays 40% of Activity Fee
Does Not Qualify